

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 1 4

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2002 and July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.252

7. FEDERAL BUDGET IMPACT:

a. FFY'02 \$387.50

b. FFY'03 (\$2325)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4. 19-D (ICF/MR), pp. 101-131 and
Attachment 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Att. 4. 19-D (ICF/MR), pp. 101-131 and
Attachment 1

10. SUBJECT OF AMENDMENT:

Methods and Standards for Determining Payment Rates for Services Provided by ICF's/MR that are not State-Owned

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

6/24/02

16. RETURN TO:

Stephanie Schwartz

Minnesota Department of Human Services

Federal Relations Unit

444 Lafayette Rd. No.

St. Paul, MN 55155-3852

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6-25-02

18. DATE APPROVED:

10/24/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/02 and 7/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JUN 25 2002

DMCH - MI/MN/WI

**METHODS AND STANDARDS FOR DETERMINING PAYMENT RATES
FOR SERVICES PROVIDED BY INTERMEDIATE CARE FACILITIES FOR
PERSONS WITH MENTAL RETARDATION (ICFs/MR) THAT ARE NOT
STATE-OWNED**

TABLE OF CONTENTS

Section 1.000	Introduction
1.010	General purpose
1.020	Rate methodology
1.030	Definitions
Section 2.000	General reporting requirements
2.010	Required income and expense reports
2.020	Required information
2.030	Occupancy reports
2.040	Deadlines, extensions, and rejections
2.050	Audits
2.060	False reports
2.070	Adequate documentation
Section 3.000	Quality improvement plan
Section 4.000	Capitalization
Section 5.000	Determination of property payment rate
5.010	Depreciation
5.020	Limitations on interest rates
5.030	Allowable capital debt interest expense
Section 6.000	Determination of total payment rate
4.010	Total payment rate
4.020	Limitations to total payment rate
Section 5.000	Pass-through of training and habilitation services charges
Section 6.000	Appeal procedures
6.010	Scope of appeals
6.020	Filing of appeals

- 6.030 Contested case procedures appeals review process
- 6.040 Attorney's fees and costs
- 6.050 Legal and related expenses

Section 7.000 Voluntary receivership

- 7.010 Receivership agreement
- 7.020 Management agreement
- 7.030 Rate adjustment
- 7.040 Controlling individuals; restrictions on licensure
- 7.050 Liability
- 7.060 Liability for financial obligations
- 7.070 Physical plant of the residential program
- 7.080 Receivership costs

Section 8.000 Involuntary receivership

- 8.010 Application
- 8.020 Appointment of receiver
- 8.030 Powers and duties of the receiver
- 8.040 Liability and liability for financial obligations
- 8.050 Physical plant of the residential program
- 8.060 Fee
- 8.070 Termination
- 8.080 Emergency procedure
- 8.090 Rate recommendation
- 8.100 Adjustment to the rate
- 8.110 Receivership costs

Section 9.000 Special situations

- 9.010 Closure
- 9.020 Variable rate adjustments
- 9.030 Temporary adjustments to address occupancy and access
- 9.040 Other payment rate adjustments
- 9.050 Relocation

**Attachment 1 Methods and standards for determining payment rates prior to
October 1, 2000**